



PATIENT

Kelsey Le

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

10

WEIGHT

110 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Reser

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Reser

INVOICE

46540

DATE

4/10/23

PRESENTING CLINICAL SIGNS

Progressive weakness and lethargy, inappetence for past 24 hours

Abnormal PE/Chem/CBC/UA Results: CBC (HCT 30, Platelets 130,000, retic 198 K, neutrophilia - 22 K); Chem (mild hyperglycemia - 152, TP 6.1 - alb 3, glob 3.1); rads showed mass effect central abdomen - discussed concern for spleen tumor with radiographic and bw findings;

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.9 cm. The right kidney measured 7.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** revealed a mixed hypoechoic expansive mass with minor regional free fluid and enhanced mesentery. The mass derived from the caudal pole of the spleen and measured approximately 8.0 cm. The remainder of the spleen appeared largely unremarkable.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. No overt evidence of metastatic disease. However, occasional hyperechoic nodule noted in the liver. This is not typical for metastatic disease but should be inspected at surgery.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.



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Free Abdomen

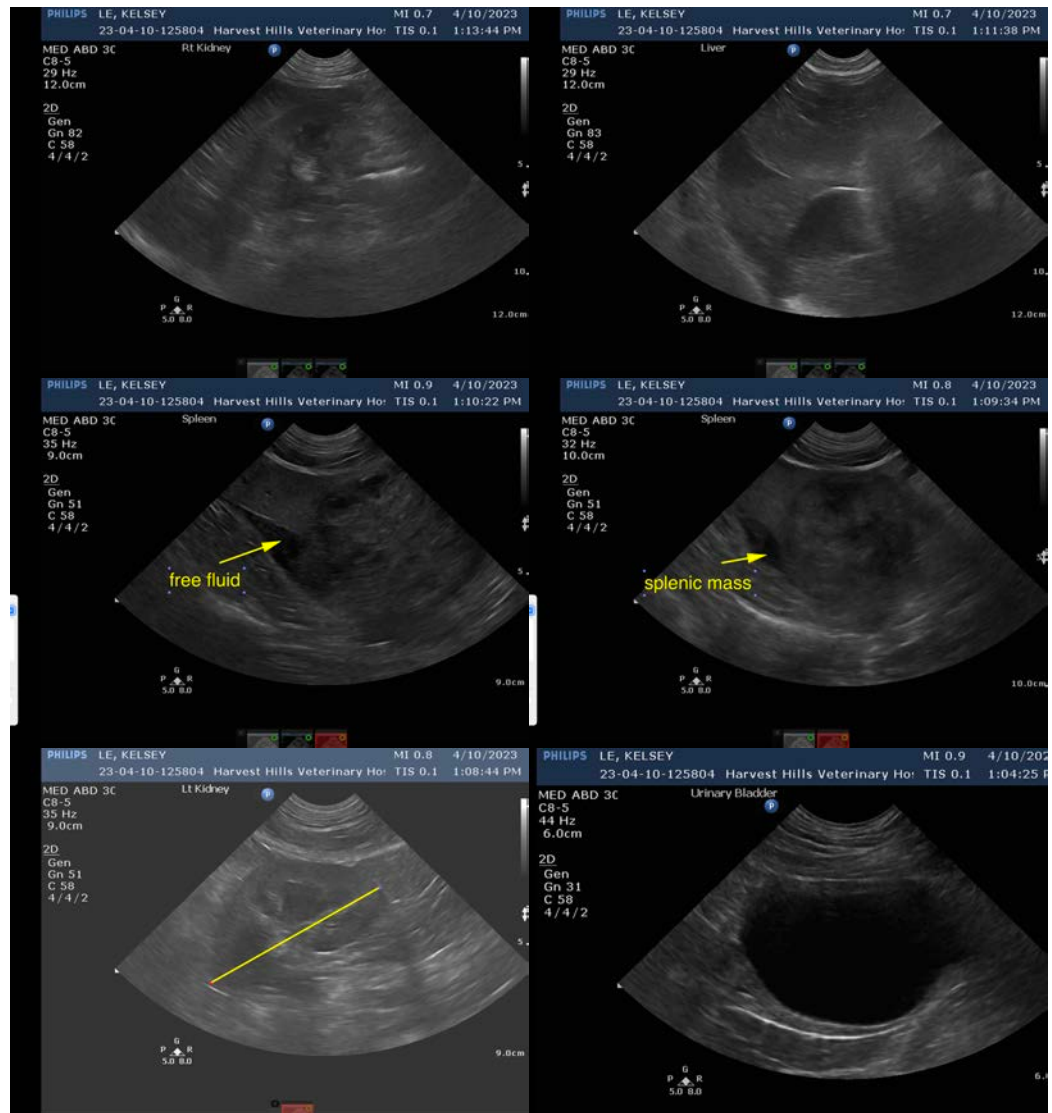
Moderate amount of ascites noted, presumed to be hemorrhage, likely more dramatic than the minor anemia noted in the patient history. Active bleeding likely.

ULTRASONOGRAPHIC FINDINGS

- Bleeding splenic mass
- Benign hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of organ metastasis. However, omental spread cannot be completely ruled out. Rapid echocardiogram recommended to assess for right auricular mass and pericardial effusion, and chest radiographs. If free of evident pathology, then exploratory surgery would be indicated. Hemangiosarcoma suspected. Benign hematoma possible yet less likely.





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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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info@SonoPath.com

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